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	Latvian hospitals. There were limited remedies for typhus and none for jaundice prior to 1944. Venereal diseases were almost non-existent in rural communities, and concentrated mainly in seaport areas before the German army came in World War II; after that, the country's venereal count reportedly increased to account for 12% of the population.	
3•	In 1940, the official population of Latvians in Latvia was set at 1,900,000; until 1944, approximately 300 thousand emigrated from Latvia of their own accord. In 1952, it was reported that only one million Latvians remained in Latvian SSR, not including those who migrated to Latvia from the USSR. It is presumed that the balance of 600 thousand died or were deported during World War II.	50X1
įţ.	Until 1944, no standard Soviet public health regulations were in force in Latvia.	
5•	Railroad Service Medical Department, located in the Riga Railroad Administration building Since there were many cases of typhoid among the workers due to the primitive, open wells frequented, constant water analysis was necessary, as well as required immunization of the employees. This medical center with 50 beds was separate from all other medical services in Latvia, for the benefit of the railroad employees alone, who, on the basis of socialized medicine, paid only one-third of their own medical expenses, the balance paid by the State. The hospital in Riga was well staffed by 15 doctors; it had its own X-ray, surgical, internal medicine and other specialized departments: Its laboratory was ably run by a woman, Doctor Krimberg, fruy In addition, other railroad medical centers for emergency treatment of employees were located in every major urban community, as well as some of the minor rural ones where railroad construction was underway. Also, this medical center constantly sent doctors and nurses on the road where employees were concentrating on work projects; the caliber of these doctors was very high.	50X1
6.	In conjunction with our work at the Railroad Medical Center, we made periodic reports to State and University of Riga officials on our findings. In turn, the Center made available to the same authorities any contributions to medical research they came across in the normal persuit of their work, although these were limited to such items as emergency treatment of scalds, surface wounds, broken bones, and the like; other than this, no cash support was made to medical research.	
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